

International Survey of Military Mental Health Professionals

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This paper reports on data from a survey of international military mental health professionals. In a series of open-ended questions, respondents were asked to describe their country in terms of the field of military psychology, the role of mental health professionals on deployment, the degree to which the field of mental health is accepted in the military, and their contact with their international counterparts. The survey was mailed to 44 different countries from July 1995 through July 1996. The data are based on 30 individual responses from 23 different countries. Cultural differences included the role of psychologists in the military and on deployment, the degree of professional isolation, and specific services provided by psychologists. Cultural similarities included the ambivalent response to the mental health field by military leaders, the use of psychology as a prevention tool, and the degree of interest in international contact and exchange. The discussion focuses on three obstacles to the acceptance of the mental health field and possible avenues for greater exchange of information among military professionals working in psychology-related fields.

Introduction

Military psychology can contribute in various ways to the readiness of soldiers and can play a key role in the maintenance of morale, the increase in stress resiliency, and the prevention of psychological difficulties.¹ Given these impressive goals, it is surprisingly unclear what military psychologists in different countries are doing, what contributions they make to their militaries, and with which issues they are currently grappling. These questions are especially well timed because since the end of the cold war the number of international operations has increased, as has the potential for international cooperation.

Although there is no comprehensive overview of the state of military psychology in other countries, recent literature suggests that psychologists have been active in researching issues related to peacekeeping deployments. For example, U.S. research on peacekeeping has included studies of soldiers deployed to the former Yugoslavia as part of NATO² and the United Nations^{3,4} and a medical task force deployed on a humanitarian aid mission to Kazakhstan.⁵ Other U.S. studies have assessed soldier adjustment during deployments to Haiti and Somalia.^{6,7}

International research on psychological and sociological is-

ssues associated with peacekeeping include, among others, the Norwegian⁸ and Irish⁹ experience in Lebanon, the Swedish experience in Bosnia,¹⁰ Congo, Lebanon, and Cyprus,¹¹ the German experience in Somalia,¹² and the German,¹³ Dutch,¹⁴ French,¹⁵ Portuguese,¹⁶ and Canadian¹⁷ experience in Bosnia.

These papers, articles, and presentations reflect a great deal of experience in the field of military psychology that can be shared with other countries. Publications of various sorts are one critical way to share such findings. However, to maintain an overview of the field, information needs to be gathered in some kind of systematic way that can assess the role that military psychology plays in other countries and on such deployments. The goal of the present study was to compile a list of some of the lessons identified by military psychologists from other nations.

Specifically, the goals of the study were to (1) describe the experience of military psychologists in other nations; (2) identify common issues and concerns that pertain to military psychologists, especially in terms of United Nations, NATO, or other multinational deployments; and (3) identify common needs and interests for future coordination and exchange.

Methods

A six-page survey was developed and mailed to military psychologists or other mental health/social science professionals^a in 44 different countries. Names and addresses were identified from conference mailing lists and "networking." When possible, at least two names were obtained for each country. The choice to survey only two people from each country was a purposeful attempt to keep the key analysis at the country level. Such methodology has been used successfully in other research.¹⁸ Data were collected from July 1995 through July 1996. The survey covered four primary areas: the field of psychology represented in the respondent's military; the mental health professional's experience on deployment; the acceptance of the mental health field by the military; and the respondent's experience with counterparts in other nations. Specifically, respondents were asked about the role of psychologists in the military and the role of mental health professionals on peacekeeping or contingency deployments. They were also asked about the research they are doing related to peacekeeping, the use of debriefing, their organizational and professional contact with their counterparts in other nations, their questions for their counterparts in other nations, and their suggestions for future cooperation. All of the survey questions applied either to psychologists or to

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^aThe goal of the study was to assess military psychology, but respondents wrote about other fields as well (e.g., psychiatry and social work). Throughout the paper, we use terms such as "mental health professionals" or "psychology-related professions" to reflect the diversity of professional expertise in the various militaries. The term "psychology" is used to refer to tasks or issues that are generally addressed by psychologists.

the country's equivalent mental health professional. Questions were primarily open ended, with some checklists to facilitate data analysis.

A total of 30 surveys were completed and returned from 23 different countries, representing a 52% country return rate (Table I). For seven of the countries, two surveys were received and the information was combined to create a more precise profile representing that country. Except for the demographic information of the respondent and any qualitative information (e.g., questions and recommendations), the countries with two respondents were represented only once when the percentage of countries was calculated.

The respondents were mostly psychologists (70%) and psychiatrists (23%). In terms of military status, 67% were active duty soldiers, 7% were former active duty soldiers, 13% were in the reserves, and 10% were civilians. The rank of the respondents ranged from lieutenant to brigadier general; there were seven lieutenant colonels, making it the modal response for rank.

Results

Responses pertaining to the four major survey areas—the field of psychology, the mental health professional on deployment, the acceptance of the mental health field, and the international environment—are summarized in separate sections below. Responses are presented as percentages and also as direct quotes to illustrate significant points.

The Field of Psychology

What do psychologists do in their capacity as military psychologists? Findings indicated that psychologists in the military have similar core tasks in different countries. Almost all of the

respondents reported that military psychologists in their country are involved in selection (96%), command consultation (96%), and research (91%). A large majority of respondents also reported involvement in clinical service for soldiers (87%), education (78%), and prevention (65%). About half the respondents reported that psychologists were involved in psychological operations (52%) and policy planning (48%), whereas only 30% reported direct clinical service for families. Interestingly, none of the respondents from former eastern block countries reported that there were clinical services for families.

The military psychologists of different countries also have similar training specialties. Most respondents reported that their military psychologists included those identified as clinical or counseling psychologists (91%), psychometricians (87%), and industrial/organizational psychologists (70%). More than half of the respondents reported that subspecialties of education (61%), social psychology (61%), and health psychology (57%) were represented in their militaries. Fewer than half reported subspecialties of general (48%), physiological (39%), developmental (35%), school (22%), and comparative (17%) psychology.

Respondents were also asked about research projects being conducted in their country related to peacekeeping or contingency deployments. Several mentioned studies on stress reactions, selection and training, cross-cultural work issues, and leadership and command style. Other topics included research on team building, sex roles and personality, general prevention, adjustment disorders, the effect of being isolated from one's social network, recuperation time, reintegration meetings, and family care. Many respondents, especially those from the western Europe, Canada, and the United States, reported researching the effect of peacekeeping deployment on soldier stress levels.

A separate section of the survey addressed the issue of debriefing. Respondents were asked what type of debriefing their military used, if any. More than half (61%) reported that the military did debrief after a specific incident, and 52% reported debriefing after a deployment. There was also consensus about the type of debriefing conducted. Twenty-six percent reported using the Critical Incident Stress Debriefing (CISD), and 17% reported using a modified version of the CISD. Some use it in combination with local traditions, such as the Finnish respondent who reported using both CISD and saunas to debrief after a stressful event.

How do soldiers accept the debriefing process? Thirty percent of respondents reported that the debriefing was well received; 26% reported that it was accepted but with some caveat, such as the acceptance improved over time or was dependent on how effective the debriefing was. Ironically, among those countries responding to the question, only 35% reported that the professionals themselves received formal debriefings at the end of their deployments, although another 41% reported that informal debriefings (e.g., talking to one's colleagues) occurred instead.

The Mental Health Professional on Deployment

Exactly what role mental health professionals play on peacekeeping deployments differs according to the country and that country's experience with peacekeeping missions. Most of the countries (74%) have uniformed psychologists. In 44% of the countries, it was reported that psychologists deploy on peacekeeping or contingency missions, and 65% reported that some

TABLE I
COUNTRIES REPRESENTED IN THE SURVEY

Austria
Belgium ^a
Bulgaria
Canada
Croatia
Czech Republic
Finland
France
Germany ^a
Greece
Israel
Italy
The Netherlands ^a
Norway
Latvia
Lithuania ^a
Poland ^a
Republic of Belarus ^a
Romania
South Africa
Sweden
Switzerland ^a
United States of America

^aTwo responses were received from this country. If not designated otherwise, only one response was received.

other type of social service professional deploys, the most common being psychiatrists, social workers, and chaplains.

How do these professionals prepare for such missions? Thirty percent of respondents reported that mental health professionals received special predeployment training. Specific preparation included training in Critical Incident Stress Debriefing (explicitly named by four respondents), how to cope with one's own feelings, stress management, leadership, post-traumatic stress disorder treatment, and refresher courses on military skills.

Beyond this overview of specialties and training, the survey also addressed how respondents perceived their own contribution to the deployment. Unlike the responses to the quantitative and descriptive questions, these and other qualitative responses were not combined to represent each country once but rather were left intact to capture each respondent's subjective report. For example, 20 respondents described their personal experiences on deployment.^b There were several common issues that emerged from their comments. Almost all of the respondents reported that they were very effective and busy throughout the mission and not bored at all. The issue of boredom was relevant because it happens to be one of the stressors found in research with peacekeeping soldiers,⁴ but it does not appear to apply to mental health professionals, who seem to be adept at keeping themselves busy. One German respondent wrote, "It was a new and very important experience. So far, the actual task during deployment concerning the psychologist is absolutely necessary for fulfillment of the entire mission. The job is rather stressful, there is no time for boredom accordingly." Several respondents (e.g., from Italy and the Czech Republic) also reported that they felt very stressed during the experience, in part because they were deployed alone. For example, the Czech respondent wrote, "There has to be a psychologist on the mission but as I was the only one, I felt that more people needed my help than I was able to manage." Several respondents remarked that pairing up with other psychologists or talking with peers was critical in helping them manage their stress. For example, a Swiss respondent wrote, "It is very difficult to be prepared, for this reason we work in pairs (an experienced psychologist and a less experienced psychologist)." Others, including respondents from The Netherlands, France, Italy, and the United States, echoed the sentiment that they were not prepared enough or that they had found it difficult to obtain the necessary preparation. Still, they all reported that they were effective.

Based on their own deployment experiences, respondents had many suggestions for ways to enhance the effectiveness of psychology in the deployed environment. Respondents recommended conducting intercultural workshops, improving command consultation by increasing skills in industrial/organizational psychology, debriefing the debriefers, engaging in field work, and taking an active part in the unit while deployed. Other suggestions included sending more than one psychologist per mission and more clearly defining psychology's role vis-a-vis the role of other health professionals.

Acceptance of the Mental Health Field

Given that the respondents perceive themselves as useful and relevant, how do commanders and soldiers perceive them? Al-

though 22% of countries reported that command accepted mental health professionals "very well," the majority of respondents hedged in their description of command acceptance, saying that it depended on particular commanders or improved over time. The South African respondent reported that psychologists were "highly accepted. [They] don't deploy without us!" The Swedish, Swiss, Czech, and Croatian respondents also reported that psychologists were well accepted. The more common experience, however, was exemplified by the response from the Bulgarian respondent, who wrote, "with caution and a bit of reserve," and the Austrian respondent, who wrote, "Whereas many COs would welcome a psychologist (especially one who is or used to be an officer) as counselor and help, there are some who are afraid that the permanent presence of a psychologist might mark their battalion as a 'mental case unit.'"

Slightly more countries (39%) reported that soldiers (as opposed to commanders) accepted mental health professionals very well. The majority of respondents, however, reported that such professionals were only somewhat accepted or that acceptance depended on how the soldiers were approached. As a Belgian respondent wrote, "At first they're suspicious. Once they learn to know what the term 'psychologist' stands for, the mental barrier immediately vanishes."

Respondents had several suggestions for improving how the field of mental health is perceived, included gaining credibility with commanders by directly demonstrating the profession's usefulness and gaining credibility with units by training and working with them in the field environment. As a Swiss respondent wrote, "An old soldier can be much better. . . help than a psychologist in his office." Other suggestions included ensuring that the psychologist has a high rank and/or command status. In Finland, these issues are addressed by having the psychologists and psychiatrists serve as long-distance supervisors to others in the field. It was interesting to note that this credibility gap was a common challenge faced by many countries but that the method for addressing the issue differed.

The International Environment

Respondents were asked about their professional exchanges with their counterparts in other countries. Respondents specifically mentioned having had contact with NATO research groups ($n = 8$), the International Applied Military Psychology Society ($n = 6$), the International Military Testing Association ($n = 5$), and Partnership for Peace seminars ($n = 2$) as well as having had other formal and informal contacts. Five respondents said they had no or minimal contacts, and several respondents commented that they were very dissatisfied with this professional isolation. This was especially true for former eastern block countries such as the Republic of Belarus, whose respondent wrote, "[The] military psychology structure is only creating now. That's why international contacts are very interesting to us."

Many respondents emphasized the importance of further international cooperation. Several ideas were suggested, including an informal exchange of experiences for those who have deployed and are likely to do so again and the development of an international team to work on common problems. Another respondent recommended that each nation could identify one psychologist as that country's expert on psychological issues and peacekeeping deployments.

Such cooperation could facilitate the sharing of information.

^bThe other respondents had not deployed or may not have answered these questions because they were not comfortable writing in English.

Based on the survey responses, it was clear that there were many questions that respondents had for one another. Some questions focused on general military issues: What are the differences between compulsory and professional militaries? How can abnormal stress reactions be prevented, detected, and treated? How independent are psychologists as a professional body and from their chain of command? Some questions pertained to missions themselves: How do specific United Nations missions raise issues of leadership changes and moral dilemmas ("It's not my war.")? What kind of selection should be used for United Nations deployments? Several of these questions have been researched in other countries, and despite the presentations or publications resulting from the research, the information is not reaching the people who could benefit from it. Other questions, especially those suggesting some comparative work, could lead to international cooperation on new and interesting research projects.

Discussion

The Military Mental Health Professional in Perspective

One of the original goals of this study was to identify common issues across military psychologists. As would be expected any time countries are compared, there are both similarities and differences across cultures. The differences focused largely on the official roles psychologists played in the military, the degree of experience mental health professionals have as official military assets and on deployment, the degree of professional isolation, and the degree to which certain services are provided.

The similarities encompassed several different themes. For example, many countries are using mental health interventions as a prevention tool, and the prevalence of debriefing is one such method. Even the debriefing model itself, the CISD model, was used by almost half of the countries responding. It is interesting that several respondents mentioned using a modified version of the CISD. Future research could document the types of adaptations made by mental health professionals from different countries. Dyregrov¹⁹ has already proposed a model of process debriefings, a variant of CISD, to meet European needs.

In addition, the majority of respondents, regardless of their degree of isolation, were interested in an international exchange of information. Many respondents also had specific questions and requests for information, particularly those from countries new to peacekeeping, such as former eastern block countries.

In addition, the acceptance of psychology was a widely experienced problem. The issue appears to be that psychologists and other mental health professionals are viewed as outsiders, and it is not clear to leaders what such professionals actually do in the units or how command can best use their services. Once the value of the mental health field is demonstrated, however, and the mental health professionals become more integrated into the units by participating in unit activities, their credibility is enhanced.

Given that the mental health field's image problem appears quite common, it may be helpful to develop larger and more preventive strategies to target misconceptions. There appear to be three barriers to the acceptance of the field. The first barrier is the attitudes and stereotypes people hold about psychology and the mental health field. Leaders and soldiers need to learn

what the field is and what it can provide, and to hear specific and concrete examples that demonstrate its practical value.

The second barrier is more organizational: what role do mental health professionals play in the military? The key seems to be the degree to which they are viewed as being part of the military. What is the rank of the mental health professional? Are they integrated into the unit or are they perceived as outsiders? One obvious example of this organizational issue is whether psychologists serve in the military itself or are civilians. Yet the effect of military status on the work itself is still unclear. It may be that there is an advantage to being civilian for certain duties (e.g., garrison-based psychotherapy) and an advantage to being military for others (e.g., consulting with commanders).

The third barrier to the acceptance of psychology is the field of psychology itself. Psychologists and other professionals have the potential to offer a great deal, whether by screening soldiers for service, making recommendations based on empirical observation, or providing services that reduce stress and its associated medical risks. Yet somehow, the field as a whole has not very effectively communicated what it can offer to the consumers, i.e., the officers and soldiers themselves. Information needs to be provided in a language that the general military member can understand and must respond to questions relevant not just to mental health professionals but to officers and soldiers as well.

Limitations

Clearly, this study, as a preliminary glimpse into international military psychology, has some important methodological limitations. Despite sampling efforts to the contrary, the respondents primarily represent European countries. Nevertheless, both NATO and former eastern block countries, and relatively rich and poor countries, are represented. Also included are those countries with a great deal of peacekeeping experience (e.g., The Netherlands) and those countries just starting out in peacekeeping (e.g., Bulgaria).

Another limitation to the study is the use of one language. For example, it was difficult for some respondents to write effectively in English. It may have also been difficult for respondents to understand the questionnaire itself. The language issue in this study illustrates the challenge facing all psychologists interested in communicating with their counterparts in different countries.

Future Directions

The survey results suggest some interesting areas for follow-up. For example, a second study could target those countries not represented in the survey, especially African, Asian, and Latin and South American countries, while updating the data from countries in the original study. Also, issues related to professional isolation could be addressed. These issues take several forms but include the fact that several countries are eager for more information and more contact. Some countries possess the information and experience that other countries need but have difficulty obtaining. The traditional method of communicating research by publishing in professional journals and presenting at conferences does not meet all of this need. Perhaps mental health professionals are not publishing enough, the publications may be too limited in terms of circulation, or

the conferences may be too expensive to attend. The information is often prepared in the national language, which limits who can understand it. Attempting to communicate in an agreed-upon language (e.g., English) could simplify the process. In addition, some kind of information referral service would be useful. One high-tech solution would be to use the Internet, but several of the poorly resourced countries, those that probably want and need the information most, may be unable to access the Internet because they lack reliable telephone connections and computer resources. A lower-tech option would be to include an international page in an existing publication (e.g., the American Psychological Association Division 19 newsletter).

Another interesting issue that was not specifically addressed in this study is the potential for cross-cultural research. Such work could, for example, compare stress and coping in peacekeepers from different nations. Findings from this research could have direct relevance in understanding the multinational working environment. A follow-up study could also survey commanders in the different militaries about what kinds of psychological information they find useful or would be interested in obtaining. The cross-cultural literature also offers a rich source for hypotheses. For example, Zeitlin's model²⁰ for predicting culture shock suggests that soldiers experience greater stress the greater their cultural distance from the country to which they are deployed.

There are many possibilities for future collaboration. The information collected in this international survey reflects a great deal of creativity and productivity in the field of military psychology. Combining efforts across countries can help not only those in the field but can serve as a model for the kind of cooperation necessary for effective multinational deployments.

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